

JOINT REPORT
FOURTH REPORT SUBMITTED BY ARGENTINA TO THE ECONOMIC, SOCIAL AND
CULTURAL RIGHTS COMMITTEE

ACCESS TO ABORTION IN
ARGENTINA
UNDER ARTICLES 12, 3 AND 15 OF THE
INTERNATIONAL COVENANT ON ECONOMIC,
SOCIAL AND CULTURAL RIGHTS (ICESCR)

Dear experts of the Economic, Social and Cultural Rights Committee,

We hereby submit this document for your consideration upon review of the fourth periodic report of Argentina. The purpose of this document is to present information on the situation of access to abortion in Argentina. We hope this information contributes to the review of the fulfilment of obligations set forth in the International Covenant on Economic, Social and Cultural Rights, and undertaken by this State Party.

In this report, suggestions, questions and recommendations have been included on each of the issues identified, for the Committee's consideration during the forthcoming evaluation hearing on the 64th session, as well as during the release of its Concluding Observations on Argentina.

This report was jointly prepared by different organizations in Argentina: Abogados y Abogadas del NOA en Derechos Humanos y Estudios Sociales (ANDHES) [Northwest Argentine Attorneys on Human Rights and Social Studies] Asociación Católicas por el Derecho a Decidir Argentina (CDD) [Catholics for the Right to Decide Association], Asociación Lola Mora [Lola Mora Association], Centro de Estudios de Estado y Sociedad (CEDES) [Center for State and Society Studies], Centro de Estudios Legales y Sociales (CELS) [Center for Legal and Social Studies], Centro de la Mujer (CEDEM) [Women's Center], Centro Intercambio y Servicios Cono Sur Córdoba (CISCSA) [Exchange and Service Center Southern Cone Cordoba], Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (CLADEM-Argentina) [Latin American and Caribbean Committee for the Defense of Women's Rights], Equipo Latinoamericano de Justicia y Género (ELA) [Latin American Group for Justice and Gender], Fundación para Estudio e Investigación de la Mujer (FEIM) [Foundation for Women's Studies and Research], Fundación para el Desarrollo de Políticas Sustentables (FUNDEPS) [Foundation for the Development of Sustainable Policies], Instituto de Género, Derecho y Desarrollo (INSGENAR) [Legal, Gender and Development Institute], Lesbianas y Feministas por la descriminalización del aborto [Lesbians and Feminists for the Decriminalization of Abortion], Mujeres por Mujeres [Women by Women], Mujeres Autoconvocadas de Trelew [Trelew Women Independent Group], Mujeres por un Desarrollo Alternativo para una Nueva Era (DAWN) [Development Alternatives with Women for a New Era].

I. Introduction

In the last review of Argentina, in 2011, the Committee expressed concern about the high maternal mortality rate, the disparities between provinces and the impact of unsafe abortion as the cause of maternal mortality. Therefore, the recommendation issued was that the State should guarantee access to legal abortion and to ensure the provision of services, supplies and technology to reduce risks before and after abortion.

Additionally, the list of questions addressed high maternal mortality rates and alarming regional disparities. The Committee recommendations are still valid while new challenges arised.

During 2018, the legalization of abortion was discussed by the National Congress. This debate started in March when a bill was submitted to Congress by the National Campaign for the Right to Legal, Safe and Free Abortion and was endorsed by more than 70 members of Congress, from all political parties. For more than two months, briefings were held to inform the parliamentary debate and on June 14, the Lower House of Congress approved a bill to legalize the voluntary termination of pregnancy (VTP). The project had a strong social support and intended to introduce changes in the existing abortion legislation in Argentina, replacing the model in force since 1921 that permits abortion only in certain cases, by a model of regulation with mixed time-limits and indications. Thus, the right of pregnant women and individuals to voluntary terminate pregnancy within the first 14 weeks, without giving any reasons, would be recognized. After this time limit, voluntary terminations would be allowed in cases of rape or when the life or health of the woman is at risk (as established by the Criminal Code) and in cases where fetus suffers severe conditions not compatible with life outside of the womb. Unfortunately, on August 9, the Senate rejected the bill passed by the Lower House.

After the rejection of the bill, progress reversed in terms of guaranteeing access to legal abortion that has been in force since 1921 (when the life or health of the woman is at risk or in cases of rape). Thus, we observed that women seeking to have access to this right faced more formal and informal barriers.

For instance, before the bill was discussed by the Senate, the position of the Province of Tucuman was “pro life.” During those days, a similar bill was presented in the Province of Santiago del Estero. Several municipalities and cities issued similar provisions and in some of them, women were completely denied the right to legal abortion in those locations.

In addition, conservative groups against women’s rights have tried to prevent legal abortion practices in different parts of the country and have taken legal action against practitioners who guarantee this women’s rights.

Finally, advocacy groups against this bill to legalize VTP have formed a political party and have organized campaigns against Comprehensive Sexual Education.

At national level, the Executive Branch of Government changed the structure of ministries by Decree 801/2018 published on September 5. This decree introduces a shift in ministerial structure whereby the Ministry of Health becomes a Secretary under the scope of the Ministry of Social Development. This not only entails a loss of hierarchy for the Ministry of Health but also a loss of space for action through reduced power: from a list of 45 duties to only one comprising health issues. Given the unknown extent of this reform, its impact in terms of healthcare access across the country cannot be measured yet. However, the decision is extremely alarming in terms of the State’s capacity to guarantee access to the right to health and, in particular, to sexual and reproductive health practices. As noted by the Committee 7 years ago, to

measure this capacity we must consider the disparities in access across the different regions of the country and the role played by the Ministry of Health, in this context, as the entity that regulates and federalizes services.

II. The situation of abortion in Argentina

There are no statistics on legal abortion in Argentina. At national level, the only information available regarding abortion is that resulting from public hospital admissions. Accordingly, “abortions are reported in only one category consisting of women who were admitted to a hospital for spontaneous abortion to women admitted for legal abortions or suffering complications from unsafe abortions (...) Women receiving outpatient care and those receiving healthcare services through private providers and trade union healthcare providers are not included.”

This data showed that 48,701 patients were discharged from hospital for abortion-related causes in 2013 and only 362 were registered as legal abortions (less than 1%). It is worth mentioning that “this source presents limitations because of its transient nature, as it only includes girls, adolescents and women who were admitted, in view of the reluctance shown by healthcare providers upon registration, on account of social sanctions, among others.”

Unsafe abortion represents a dramatic public health issue in Argentina, entailing serious risks for the life and health of thousands of women. Since 1980, complications from unsafe abortion practices have been the first individual cause of maternal mortality and, since the return of democracy, 3,030 women have died for this cause.

According to official statistics, the number of women who have died from unsafe abortions in the 2011-2015 five-year period is 254, that is an average of 51 female deaths annually, due to this cause. This data shows that 18% of total maternal deaths between 2011 and 2015 were caused by unsafe abortions.

According to official statistics and the latest information available, 49,000 patients are discharged every year from public hospitals across the country, for unsafe abortions. Out of that number, around 18% are adolescents and girls less than 20 years old and around 46% are women aged 20 to 29. In the last decade, abortion mortality increased among women less than 15 years old and women who died due to abortion complications were younger than those who died from other maternity-related causes.

On the other hand, estimations made ten years ago in Argentina revealed that there was more than one clandestine abortion every two births, annually, because there are between 360,000 and 522,000 clandestine abortions every year, in the country.

Legal framework

Since 1921, article 86 of the Criminal Code provides exceptions to abortion criminalization: a) in cases when the life of the woman is at risk; b) in cases when the health of the woman is at risk; c) in cases of rape. On March 13, 2012, the Supreme Court of Justice (hereinafter SCJ) passed a historical sentence in women’s lives and health in the case “*F., A.L. s/ self-executing measure*”. [TRANSLATOR’S NOTE: Under Argentine law, a self-executing measure (*medida autosatisfactoria*) is an ex parte injunction with an urgent and autonomous character, reserved for cases where there is a strong probability that the request made has merit. It is self-executing in the sense that once granted no other action or proceeding is required to satisfy the applicant’s ultimate claim. These measures differ from precautionary measures in that the latter imply the initiation of a main proceeding within which the said precautionary measures could be requested]. With the purpose of

eradicating the practice of *judicialization, obstruction and/or delay* in access to legal abortion, the Court established the scope of this sanction and reaffirmed women's right to terminate pregnancy in all the cases established by law, when the life or health of a woman is at risk or when pregnancy is caused by rape, regardless of the intellectual or psycho-social capacity of the woman. The Court ordered all judiciaries from all jurisdictions to refrain from judicializing the access to legal abortion. Finally, the Court urged national, provincial authorities as well as the authorities from the City of Buenos Aires, to implement and enforce, through the highest norms, hospital protocols to remove barriers from access to medical service and established different principles that protocols must abide by.

In June 2015, the Ministry of Health published in its website the "Protocol for the Comprehensive Care of Individuals with the Right to Legally Terminate a Pregnancy." This protocol reviews and updates medical, bioethical and legal information comprised in the "Technical Handbook for the Comprehensive Care of Non-Punishable Abortions" prepared by the Ministry of Health in 2010. Even though the new protocol establishes that "its implementation is mandatory across the Argentine territory and must be enforced by all health institutions, either public or private", the truth is that the document is not a ministerial resolution like the 2007 and 2010 versions. Furthermore, it was published without a strategy of widespread dissemination or strict implementation by federal authorities. As a consequence, there is large inequality at federal level, despite the indications of the SCJ: only 10 jurisdictions adopted the national protocol (Jujuy, La Pampa, La Rioja, Misiones, Salta, Santa Cruz, Santa Fe, Tierra del Fuego, Entre Ríos, Chaco), 6 have their own protocols (Catamarca, Chubut, City of Buenos Aires, Neuquén, Río Negro and Buenos Aires), 4 did not expressly adopt the protocol but they implement the national protocol (Formosa, San Juan, San Luis and Mendoza) and 4 do not have their own protocol nor have they adopted the national one (Córdoba, Corrientes, Santiago del Estero and Tucumán).

Access barriers to health services

Despite the legal framework in force, the real situation in Argentina is comparable to legal contexts where abortion is completely prohibited.

Throughout the years, there has been no systematic access to legal abortion services for thousands of women, adolescents and girls living in Argentina. The lack of access constitutes a violation to the human right to privacy, health, freedom from cruel, inhuman and degrading treatment, a violation to the right to non discrimination, and, in some cases, to the right to live.

Women and girls face many different obstacles to exercise their rights: the abusive use of conscientious objection by healthcare providers; excessive judicialization of a health practice to delay and hinder access; dilatory requirements included in health protocols issued in compliance with the order of the SCJ that do not meet the Court standards; discriminatory health systems that fend off women and girls by condemning comments from hospital staff and the bad faith of healthcare providers and public servants; breach of professional secrecy; harassment and persecution of women and girls; the church influence on national and local governments; lack of explicit legal acknowledgement of health services required in cases of legal abortion, as essential healthcare practices. These dilatory and dissuasive strategies represent access barriers to legal abortions and subdue women and girls, facing institutional violence when they try to realize their rights.

Excessive use of conscientious objection

The excessive and arbitrary use of conscientious objection regarding sexual and reproductive health has

represented an illegitimate access barrier to legal abortion services in Argentina.³⁰

Also, access to other health practices with special impact on women, girls and individuals able to get pregnant and transgender people, has been affected by the unrestricted use of conscientious objection. The use of emergency and surgical contraception, among others, can be mentioned as some of these practices.

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This happens in spite of the SCJ's sentence on the FAL case, which established that all healthcare centers are under the obligation to guarantee legal abortions, and all healthcare institutions must have "enough human resources to guarantee, on a permanent basis, the exercise of the rights granted by law." This means that healthcare services must be organized in a way that guarantees full patient access to the services required, without the interference or hindrance of conscientious objection. In this sense, the national protocol on Legal Termination of Pregnancy as well as the existing provincial protocols are in line with the aforementioned. Besides, this is secured by law N° 26.529 of the Rights of Patients in their Relationship with Healthcare Professionals and Institutions rights of patients³² and the guide on safe abortion care of the Clinical Practice Handbook for Safe Abortion from the World Health Organization. Furthermore, the Committee itself, in its General Recommendation N°22 urged States to adopt laws and policies to prevent private stakeholders from "impairing the full enjoyment of the right to sexual and reproductive health, with special emphasis on the demeanor in private healthcare centers."

The bill passed by Congress proposed an adequate mechanism for the use of conscientious objection by professionals.³⁴ Although the bill was rejected by the Senate, it is worth mentioning that during the legislative process, the position of different healthcare centers, both public or private, became public knowledge, expressing their conscientious objection even against the legislation in force.

On the other hand, we are concerned by a controversial bill on Religious Freedom submitted by the Executive Power in June 2017 that has not been rejected, despite strong criticism against it, and has moved forward to Congress. The bill goes against international obligations undertaken by the State by granting protection to religious freedom only to the detriment of human rights of a vast portion of the population, enabling and protecting the enforcement of some religious beliefs that the State currently intends to endorse. One of the critical issues of the bill is the regulation of conscientious objection that is explicitly recognized as a right of individuals and institutions. The proposal from the Executive Branch of Government reverses the exceptional nature of "conscientious objection" and only introduces, as requirement, that the religious belief must be "sincere" assuming the "good faith" of the objector in view of the existence of such religious regulation.

Lack of access to essential medicines

Another consequence of criminalization is the validation of a market that moves around a billion pesos annually on account of clandestine abortions. According to scientific evidence available, abortion with medicine is a safe and effective method for termination of pregnancies. The World Health Organization recommends termination of pregnancy through a combination of mifepristone and misoprostol. In case of unavailability of mifepristone, the exclusive use of misoprostol is suggested, and for ten years, misoprostol has been included in the subsequent lists of essential medicines, due to its application for safe abortions and post-abortion care, apart from its use for childbirth and postpartum.

Based on this, the Argentine State should ensure broad accessibility to both medicines, to allow women the exercise of the right to terminate pregnancy in the cases established by law, enjoying the benefits of scientific progress in sexual and reproductive health.

Although criminal legislation establishes legal abortion under certain indications, the Supreme Court recognizes the right to abortion in those cases and health authorities recommend medicine abortion

practices, in Argentina there are no abortive medicines formally recognized by health authorities, even though misoprostol is recommended by the aforementioned Protocol of legal termination of pregnancy drafted by the Ministry of Health and Social Development and in different court rulings.

In Argentina, the production and commercialization of mifepristone is not allowed. Therefore, women are not able to combine both medicines to have access to safe abortion. On the other hand, misoprostol is produced and commercialized only by one private laboratory (Laboratorios Beta) under the name of Oxaprost, exclusively authorized for gastric treatments and without acknowledging the indication for obstetric use. In September 2016, a request was made to the National Administration of Medications (ANMAT, by its Spanish acronym) to acknowledge the obstetric use of misoprostol and to guarantee accessibility. In August 2018, ANMAT authorized another laboratory to produce and commercialize misoprostol, for legal abortions, as provided by the current legislation. However, its use was restricted to hospitals, which limits the accessibility nature of the medicine.

In two provinces, Mendoza and San Juan, constitutionally questionable laws were passed prohibiting the sale of medicines having misoprostol as an ingredient, outside hospitals and healthcare providers, and even a restrictive legislation has been promoted across the country. However, it is worth mentioning that the Province of Santa Fe, has allowed the direct purchase of misoprostol and even the Pharmaceutical Industrial Laboratory (LIF, by its Spanish acronym) has been working since 2013 on the production of misoprostol and will be in conditions of supplying the healthcare public system across the country, once the stability testing concludes, probably by March next year. Likewise, it was announced that the Province of Rio Negro would move forward in the same direction.

In the face of this situation of anomie and inequality throughout the national territory, the national health authorities, the current Ministry of Health and Social Development as the main state entity responsible for guaranteeing the right to health of the population, among its competencies, could promote different public policy actions such as the import of mifepristone and even promote the public production of mifepristone and misoprostol.

This could be even more possible, considering that in December 2014 law Nº 27.113 was passed, whereby the National Bureau of Public Laboratories (ANLAP, by its Spanish acronym) was created. This is a decentralized entity working under the scope of the Ministry of Health, and one of its functions is to fulfill the goals of law 26.688 and to determine priorities in strategic lines of production. Granting national priority to the public production of medicines and the creation of a bureau to coordinate public laboratories, represent a significant step in terms of the State's duty to ensure safe and affordable access to medicine in Argentina. However, unless public authorities in charge of enforcing this kind of regulations, particularly the Ministry of Health, take on an active role in the promotion of production and access public policies, the laws passed by the national congress will lose transformative potential and this seriously jeopardizes the right to health of the population.

In its General Observation Nº 14, referred to the right to health, CESR Committee pointed out that States must, at least, ensure the provision of medicines according to the list of essential medicines of the World Health Organization. And in its General Observation Nº 22 related to the right to sexual and reproductive health, there is specific reference to "medicines for abortion and post-abortion care" and indicated that the State has the "basic obligation" to provide medicine, equipment and technologies which are essential for sexual and reproductive health, particularly based on the list of essential medicines of the WHO."

Besides the problem described, for years Beta Laboratory has had the monopoly of the production of

misoprostol (based on an old resolution of ANMAT, produced as medicine prescribed for gastric use), misusing this dominant position through arbitrary increase of medicine price, disguising package to evade price controls and forcing users to buy more pills than needed, at a higher price. Thereby, Beta distorts market, increases its profits, harms women's right to health and, in fact, promotes buying and selling pills by unit, outside the formal market.

In this sense, the UN Special Rapporteur has underscored that the State obligation to ensure availability and accessibility of medicines to fulfill the right to health requires guaranteeing accessibility to essential and non essential medicines. In any case, he further indicates that "although access to non essential medicines is progressively granted, the State has the basic and immediate obligation to provide essential medicines and make them available in all its jurisdiction." Regarding affordability and the role of private laboratories, the Rapporteur highlighted that medicines must be economically accessible for all sectors of the population, so "prices must be fixed on fair and equal terms, and they must be affordable to avoid being a disproportionate burden for the poorest households." He also indicates that states have the obligation to guarantee that the production of essential medicines by the private sector does not threaten the affordability or accessibility and that States can explore different methods to control medicine price, such as pricing through external references or therapeutic references.

The Secretary of Domestic Trade is in charge of ensuring that medicine price remains at an acceptable level, preventing abusive practices by market players.

In January 2015, a proposal was presented to the Commission on Competitiveness Defense to start punitive action against Beta Laboratory on the grounds of misuse of dominant position, in compliance with law Nº 25.156, still with no reply, so the abusive practices of the laboratory continue, to the detriment of women's health.

The Argentine State has the obligation to guarantee availability and accessibility of abortive medicines, according to the commitments made in compliance with international law of human rights regarding the right to health. Absence of public policies addressing availability and accessibility of abortive medicines reveals the stigma of this women's right and the unacceptable discrimination entailed.

The impact of the criminalization of abortion

Criminalization of abortion has a negative impact on access to legal abortions and fends off women from healthcare services, leading to clandestine practices and, many times, exposing them to unsafe practices.

After Congress missed the opportunity to move forward in the recognition of sexual and reproductive rights of girls, adolescents, women and transgender people, there was public disclosure of different cases of deaths due to unsafe abortion complications, revealing not only the impact of criminalization but also the increased access barriers to healthcare practices that are already legal.

Only five days after the rejection of the bill, 34-year-old Liz died due to complications in an unsafe abortion. She had one child and had already had two abortions. Three days after, the case of R., a 27-year-old woman who also died from an unsafe abortion practice. She had four children.

During 2016, the case of Belén was publicly known and created a strong social mobilization. Belén, a young 25-year-old woman, was imprisoned for two years in the Province of Tucumán, in the north of Argentina, because, according to her medical history, she suffered a spontaneous abortion in a public hospital.

Physicians as well as police officers violated her right to privacy, she was unjustly accused and received abusive treatment while hospitalized. In the early morning of March 21, 2014, she went to the emergency room of Hospital de Clínicas Avellaneda in San Miguel de Tucumán because she felt abdominal pain. She was referred to the gynecology department due to heavy bleeding. Physicians informed that she had a spontaneous abortion of a 22-week fetus. Belén ignored she was pregnant. After receiving degrading treatment by health staff, she was reported to the police, which represents a clear breach of the professional secrecy that protects the physician-patient relationship. Belén was admitted to this public hospital seeking help but, instead, she was ill-treated, criminally accused and deprived from freedom since then. First she was charged with abortion followed by homicide which is an existing criminal charge. Further on, the district attorney changed the charge to second degree murder, due to its bond and malice, that has a 25-year prison sentence. Belén was in pre-trial detention for more than two years. On April 19, 2016 she was sentenced to 8 years in prison, in a court proceeding where her rights were violated from the start because she had no voice. On May 12, 2016 the judiciary denied a release from prison request presented by the defense attorney. On April 15, the Supreme Court of Justice, at provincial level, ordered her release, on the grounds that there were no reasons to extend her imprisonment and months later, the sentence was revoked.

In the Concluding Observations to the Fifth Periodic Review of Argentina in July 2016, in relation to the level of fulfillment of the obligations deriving from the International Covenant on Civil and Political Rights, the UN Human Rights Committee referred to this case. Apart from expressing concern due to the lack of implementation of public policies to guarantee access to legal abortion, the Committee directly referred to Belén's case and urged the State to "review the case in the light of international standards on this issue, with a view to immediate release."

In different jurisdictions across the country, similar cases have been found and even initiatives that prompt healthcare professionals to report women who resort to healthcare services, and this contravenes case law on this issue at national and international level.

The case of **Ramona** is a paradigmatic example. Ramona is 22 years old and was charged with an alleged offence of abortion and a 100 thousand pesos penalty in Ushuaia. The case started in 2016 when a young man bought Oxaprost in a pharmacy of Tierra del Fuego and left without paying. From then on, a series of astonishing police and legal actions were carried out to find the woman who had terminated a pregnancy instead of investigating the larceny. Through this search and based on null evidence, because the district attorney had to investigate a larceny, Ramona was accused, on October 31, 2017 and she was just a victim of violence, unemployed, and with a dependent child since she was 16. After two years of legal proceedings, all the preliminary investigation of the district attorney was declared null.

Forced maternity

Official records of the past 5 years reveal that around 3 thousand female minors, aged 15 or less face pregnancies and childbirth, across the country. A daily average of 8 girls attend a healthcare center to deliver a child. According to the investigation "Child Mothers. Forced Pregnancy and Maternity in Latin America," forced child pregnancy happens when a girl (less than 15 years old) has an unwanted and unintended pregnancy and its termination is denied, interfered, delayed, or hindered. Continuing with the pregnancy until birth leads to a forced child maternity because it was unintended and unwanted by the child. The child's wish to terminate pregnancy is the clearest indicator of the unwillingness to be mother.

The risks run by girls during these pregnancies are very high. Life risk for these girls is double than for older

women; they tend to suffer serious complications such as obstetric fistula, pre and eclampsia, deep depression, social isolation, etc. In many cases, health can be and has been invoked as grounds for abortion practice but it is usually dismissed. Social and family relationships tend to disrupt, to the detriment of minors. In its last review, CEDAW Committee particularly referred to this issue and urged the Argentine State to ensure access to legal abortion and post-abortion services under safe conditions.

Lack of information

As mentioned before, the national official registration system does not reveal all legal abortions currently provided across the country. These omissions and deficiencies of the federal registration system have an impact on health policy management needed to secure access to legal abortion, because there is no accurate information on potential, real and effective demand; the supplies and human resources needed; the barriers and obstacles to service provision; and their quality standards and problems.

Additionally, the current health records also have limitations due to lack of coverage in some areas of the health system, as all health information available is produced by the public health system, leaving information from the rest of the health subsystems uncovered by the statistics. This omission has a very important impact on the data collection: that can present very different features and even modify the statistical mean.

Information access and production

Due to the federal structure, in Argentina the federal state and the provincial states participate in the production of official information on the health system through different registration systems for the collection and systematization of health data. However, as mentioned, no data is registered on legal termination of pregnancies: the number of legal abortions performed is unknown, and there are no performance indicators about its provision by the health system. These registration weaknesses hide the great inequality and injustice in access to legal abortion at subnational level and among public and private health subsystems across the country.

III. Suggested questions

- How will federal programs and policies will continue to be guaranteed with the new ministerial structure?
- Which measures has the State taken to improve the registration system as well as the production of information?
- Which measures will the State take to guarantee provision and accessibility to essential medicines for abortion practices across the national territory?
- How will access to sexual and reproductive health services, particularly, access to legal abortion, be guaranteed in the face of the threat posed by conscientious objection?
- Which specific actions shall be promoted to overcome access obstacles emerging as a consequence of the legislative debate on the regulation of abortion in Argentina?

IV. Recommendations for the State

- A report on the projected budget and implementation plans of “Plan ENIA” (National Plan for the Prevention and Reduction of Unwanted Pregnancy during Adolescence) and its coordination with the already existing National Program of Comprehensive Sexual Education.

- Guarantee access to legal abortion in all jurisdictions across the country, supported by public dissemination campaigns to promote a better knowledge on the right to the legal termination of pregnancy in the cases established by the law in force.
- Guarantee provision and access to contraceptives and essential medicines in all country jurisdictions in line with the National Program of Comprehensive Sexual Education.
- Adopt all necessary measures to guarantee the performance of legal abortions within the public health system.
- Guarantee that the exercise of conscientious objection poses no access barrier to the exercise of rights.
- Incorporation, at federal level, and as basic and mandatory service of the health system, the necessary services to terminate pregnancies in the cases provided by the law in force, including all methods that, based on evidence, are effective, safe and preferred in those cases, according to WHO provisions.
- Guarantee access to essential medicines to be able to perform safe abortion.
- Train health professionals on the best techniques and advanced procedures according to the WHO, to guarantee access to abortion across the country.
- Train health team members on the value of professional secrecy in spontaneous or intentionally caused abortion care.
- Promote the discussion and further legislative approval of the law on legal, safe and free abortion.